Social Isolation Among Older Adults in Community Settings in New Hampshire

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Partnership for Public Health

Prepared by the Community Health Institute/JSI on behalf of the Partnership for Public Health, Laconia, NH

Contents

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We would also like to thank the hundreds of New Hampshire residents who responded to the survey and shared their experiences and opinions with us. The information you provided was poignant and effective in helping us to understand the spectrum of needs that exist among older adults in the state.

Preface

The Partnership for Public Health, Inc (PPH), was established as a non-profit organization in 2005 with a mission *to improve the health and well-being of the region through inter-organizational collaboration and community and public health improvement projects.*
Over the years, PPH has managed local public health improvement initiatives spanning substance misuse and overdose prevention, oral health education, lead safety, welcoming New Americans, suicide prevention, emergency preparedness and response, influenza and COVID-19 vaccination, community public health council, and two of New Hampshire's Aging and Disability Resource Centers (ADRC) called *ServiceLink Resource Centers.*

From its roots as an organization serving older adults, family caregivers, individuals living with disabilities, and Veterans and their families through the ServiceLink program, PPH has built on its passion for promoting healthy aging, including reducing the impact of social isolation, as a public health priority in New Hampshire. In the fall of 2023, PPH launches a new initiative called *Healthy Connections* which is a no-cost centralized hub specifically for older New Hampshire citizens across the state to connect to virtual and in-person events and activities that promote physical, mental, and emotional health. *Healthy Connections* will make it easier for older adults to find and feel confident attending events and activities such as support groups, health education, social meet-ups occurring in their community and online by including additional information such as accessibility features, information on parking, etc. *Healthy Connections* is a new feature of WellnessLink, a program launched in collaboration with New Hampshire Department of Health and Human Services, and is leading the way to build connections across services in the public health system to align with NH's vision of healthy aging as a public health priority.

To learn more about WellnessLink or Partnership for Public Health, please visit www.wellnesslinknh.org and www.pphnh.org

Sincerely,

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Social Isolation Among Older Adults in New Hampshire

Introduction

Humans are a social species. For millennia we have interacted with and relied upon others to assist with the provision of food, shelter, safety, and companionship. Our development and our well-being rely on interactions and social connections we develop throughout our lives. Yet, the current construct of our society and the limitations of our abilities sometimes interfere with our capacity to create and maintain social connections as we age, and this can result in social isolation.

Social isolation is often defined as the absence of social interactions, contacts, and relationships with family, friends, acquaintances, and society. It is a state of being cut off from normal social networks. While *social isolation* is often used interchangeably with *loneliness*, the terms are somewhat different. *Loneliness* is defined as a subjective state of feeling alone, regardless of the amount of social contact. *Social isolation* refers to a lack of social contacts that may and often do contribute to a feeling of loneliness.

In the United States, the COVID-19 pandemic shed a light on the prevalence of social isolation in American society and has elevated it as a major public health concern. The restrictions and social distancing imposed by the pandemic have had far reaching implications for our emotional and physical wellbeing at all ages, but the risks are particularly high for older adults. The likelihood of developing serious complications from infection with COVID-19 is known to be higher among older adults; consequently, many older adults adhered closely to public health guidance regarding social distancing and isolated themselves from social contacts for a protracted period of time.

Apart from the pandemic, there are other features common to aging that place older adults at higher risk for social isolation. As people age, they are more likely to develop chronic diseases and consequent limitations in vision, hearing, mobility, or cognition that reduce their ability to engage fully with others. Many older adults live far from their siblings and children; many have retired from work and ceased routine contact with coworkers; and many have experienced the death of a spouse, life partner, sibling, or close friend that resulted in the permanent loss of a core

social connection. These cumulative changes and losses contribute to a feeling of loneliness that is common among older people.

Social isolation and loneliness have a strong impact on older adults. A study performed at Johns Hopkins University found that adults who were socially isolated were at significantly higher risk of developing dementia (Huang A, 2023). In another study among those with heart failure, loneliness was associated with a 68% increased risk of hospitalization and a 30% higher risk of death (Manemann SM, 2018). The experience of social isolation demonstrated a 27% increased risk of fatal heart disease and stroke among a population of older adults in an English longitudinal cohort study (Valtorta NK, 2018). Finally, a meta-analysis performed by Heuser and colleagues in 2019 found a strong relationship between social isolation and suicide risk among older adults (Heuser C, 2019).

These data support the case for national concern related to social isolation and loneliness and identify them as matters of public health urgency. In May 2023, Dr. Vivek H. Murthy, Surgeon General of the United States, published a report entitled *Our Epidemic of Loneliness and Isolation* calling for broad public understanding of the epidemic of loneliness and its impact on the citizens of the United States. The report outlines a national strategy to advance social connection that is built on six pillars of national action (Office of the Surgeon General, US Public Health Service DHHS, 2023).

Project Background and Methodology

In 2022, the Partnership for Public Health (PPH) received support from the state of New Hampshire to study the matter of social isolation among those age 60 and older. The primary goals of the study were to validate the need for services to prevent and mitigate social isolation, to identify what types of services are available for use by older adults, and to identify the gaps between the need for and the availability of services and supports that effectively address social isolation among older adults in New Hampshire.

PPH contracted with JSI Research & Training Institute, Inc. (JSI) to assist in conducting research for the project. Working with the PPH planning group, in

August 2022, JSI created and launched a 4-phase research process to inform the work. The phases are described below:

1) Conduct a statewide inventory of existing services in New Hampshire targeted toward older adults that support the social engagement of older adults.

2) Seek the knowledge of experts through key informant interviews using a structured interview process with community leaders, older adult service coordinators, older adult advocates, and older adults across the state. The questions were intended to identify the need for services, share the services that are in place to meet local needs, and identify gaps in services.

3) Conduct focus groups of older adults, social service providers, policy specialists and aging advocates to inquire about the needs, services, and gaps in the state, community or region, and gather suggestions about new services and new approaches.

4) Create and circulate a written survey for people 60 years of age and older to seek information about the experience of loneliness, identify the most common techniques and resources people use to manage loneliness, and identify the kinds of services they might use to avoid or manage loneliness in the future.

Research activities were launched in October 2022 and continued through the end of May 2023. This research sought to include stakeholders from all ten counties of the state as well as the state's two major urban centers – Manchester and Nashua. The work intentionally sought to gather information about homebound older adults or those whose ability to engage in socialization programs is limited. The study process was presented to the JSI Institutional Review Board who waived full IRB review of the focus group and survey tools.

Key Informant Interviews

In fall of 2022, 28 key informant interviews were conducted. Those interviewed were selected from a suggested list of over 60 potential key informants, and efforts were made to include statewide representation. Key informants included leaders of community-based organizations, leaders of statewide and community groups, and advocates for older adults in New Hampshire. Many responders represented an

area that spanned beyond county or municipal borders, and several represented statewide services or interests. Those participating in interviews had between one and 44 years of experience in their roles, with a mean of 7.46 years/respondent.

All 10 New Hampshire counties and the cities of Manchester, Nashua, Portsmouth, and Laconia were represented among the sample of key informants. Additionally, interviews were conducted with key informants who were able to address the experience of LGBTQ older adults and refugees.

It should be noted that the interviews took place during the period of the COVID-19 public health emergency, and many physical locations where older adults had convened were operating at limited capacity or just resuming programs at the time of the interviews.

The questions followed a structured interview format in which those interviewed were asked the same 11 questions and given an opportunity to share additional information of importance to the matter of social isolation that had not been included in the questions. (See appendix A)

Information that emerged from the Key Informant Interviews:

- **The majority of key informants felt that social isolation was severe among older adults**. Twenty six of twenty-eight people interviewed (92.8%) felt that social isolation among older adults was a severe problem, and nearly all of them pointed toward the pandemic as a factor that intensified already existing social isolation among older adults. Twenty -five percent felt that social isolation was less of a problem in the autumn of 2022 than it had been in 2020 and 2021 at the height of the pandemic.
- **Some groups are more affected by social isolation than others**. Informants offered that those most affected by social isolation were people in the following circumstances:
  - living alone
  - living in rural settings
  - limited mobility
  - living with dementia or serious cognitive decline
  - limited transportation
  - homebound with serious illness
  - people who perceived themselves to be at very high risk for serious consequences of COVID-19 infection

- o people from cultural backgrounds outside the United States
- o limited English proficiency
- o providing caregiving services to a family member
- **The availability of services to prevent and reduce social isolation is based on where people live.** There are a variety of services to mitigate social isolation throughout the state, but services vary greatly, and many are unique to a single location or area of the state. For example, most counties operate "senior centers", but the hours, services, and access vary by location. Some areas offer community nursing services that support the homebound, but these exist only in scattered locations in the state.
- **The further people live from opportunities for social engagement, the more isolated they are likely to become.** Informants observed that those who live in rural areas are especially affected by social isolation. They are further from services, and travel is often time consuming, difficult or impossible. It was noted that many transportation services are able to offer rides for grocery shopping or medical visits but are unable to offer service to support social needs.
- Many services supporting social engagement of older adults rely on volunteers, and volunteers are increasingly difficult to recruit. New Hampshire is recognized for the volume of volunteer service that is offered; however, the pandemic curtailed some of those services and raised health concerns within the potential volunteer pool, thereby reducing the number of people willing and able to provide support. Most NH volunteers for older adult services are older adults themselves, and the risk for serious consequences of COVID-19 served to dampen participation in volunteer activities. Recovery from the slump in volunteer services is expected to take years.
- Many existing opportunities for socialization are enjoyed and appreciated, but most are accessible to those who are highly "abled" and less available to those with functional disabilities. Many services at senior centers or community groups rely on a person having intact vision, hearing, speech, mobility and cognition. Those who are experiencing functional disabilities are not able to participate fully in those activities, and there are few examples of services available and accessible to those with functional disabilities.
- Technology offers opportunities to engage isolated older adults, but the tools need to be improved, and access needs to be increased. Many older adults

are happy to use technology to maintain social connection, and they often turn to familiar technology such as a telephone or a tablet computer. The easier the tool is to set up and use, the more likely people are to use it. However, there remain places in NH where broadband is not available to or affordable for older adults, and the cost of technology hardware is beyond the reach of some living on a limited income.

Additional Critical Observations by the Key Informants:

- **Observed decline in cognitive function**. Several of those interviewed observed a noticeable decline in cognitive function during the pandemic period among those who had participated in programs prior to the public health emergency. These observations were made through telephone conversations that program staff made to stay in touch with their previous program participants. Some informants validated those impressions once programs were reopened and people returned for services.
- **Observed increase in risk for exploitation and/or self-neglect.** Several informants, including safety professionals, noted an increase in attempts to engage isolated older adults in financial scams, taking advantage of their desire to talk to others.
- **Observed decrease in self-care.** Several informants noted that, in the absence of routine social engagement, some clients had noticeably decreased their efforts related to personal hygiene or self-care, and many had lost or gained considerable weight during the intense period of the pandemic.
- **Perceived reluctance among some to return to previous levels of social interaction as the pandemic restrictions eased**. Several informants noted that, once programs reopened, people were slow to return to in-person activities and the services have not 'recovered" to pre-pandemic levels of participation. This is especially true of congregate dining opportunities. In some cases, informants attribute this to fear of acquiring infection in closed spaces. However, several note a new sense of fear of others that the pandemic might have created. Others observed that, once some people fell out of the habit of social engagement, they adjusted to being alone and seem reluctant to reengage.
- **New residents have particular challenges in forming social connections in New Hampshire.** Many older people relocate to New Hampshire from

other states upon retirement, attracted by the lakes and mountains; however, they leave behind their social connections when they relocate and often find it difficult to make new friends and connections. Those who immigrate as older adults from other countries are often expected to serve as family caregivers in their new land, and their responsibilities and language barriers serve to isolate them from new social connections.

Focus Groups

Methodology: Between October 2022 and March 2023, nine focus groups were held across the state of New Hampshire to gather information in a group setting through a guided discussion format. Focus groups and participants were selected from a convenience sample of formal and informal older adult service provider networks, volunteer networks, and community groups interested in the wellbeing of older adults. They included volunteers who visit older adults through a community organized effort, nurses who visit the homebound through a community health program, organizers of senior centers, caregivers to people with chronic disease, public safety officials, and Medicare service counselors. Focus groups were conducted both virtually (using zoom) and in person, based on the preferences of the group, and all groups were engaged in discussion that followed a 12-item standardized question format (see appendix B). The smallest focus group was composed of 3 people, and the largest focus group was composed of 12.

Findings of the Focus Groups:

- **The majority of focus group members felt that the problem of social isolation among older adults was moderate to severe, with one group ranking the issue as mild to moderate**. In nearly all groups, there was discussion about the impact of the pandemic, noting that the problem was more severe in the early stages of the pandemic during the period of the shut-down and became less severe as pandemic restrictions relaxed. Nevertheless, the overall impression was that social isolation among older adults continues to be a significant concern in New Hampshire due to individual and structural factors.
- **Some people are anxious about entering situations where they do not know others, and they must be personally welcomed in order to feel**

comfortable engaging in new social opportunities. As people age, forming new social connections can be very intimidating, people are often reluctant to place themselves in new and unfamiliar situations. Therefore, special efforts must be made to reach out, reduce anxiety, and create a positive experience in new situations.

- **Not all older people want to join large, formal group events.** Some prefer smaller and more intimate settings where they share interests with a few people. Numerous key informants shared that some older adults stay away from large events for various reasons, including personal preference, but they may enjoy engaging in smaller activities and one-on-one events such as a game of chess. These events require more time to organize, but they can draw in people who are by nature introverted and would not participate in larger events.

- **Not all interactions must be formal and planned in order to engage older adults.** Several key informants commented that many meaningful interactions supporting social engagement can be casual and occur naturally. Such interactions can include brief phone calls, a quick conversation with a meals-on-wheels provider, a short conversation with a neighbor, or other natural connection. They shared that many people are open and benefit by this kind of interaction, but might not attend a formal program. "It is often the small encounters that sustain us."

- **The risks of fraud and exploitation increase among those who are alone and lonely.** Several focus groups noted that older adults known to them received an increased volume of unsolicited contacts from unknown persons during the pandemic and were subject to attempts to befriend them by people with a possible intent of fraud or exploitation.

- **The temporary closure or decrease in access to trusted services such as senior centers, recreation centers, church groups, and libraries was hard on older adults who relied on those connections**. Focus groups identified specific institutions as foundational to older adult well-being, and their absence was greatly missed during the height of the pandemic. These institutions are recognized and trusted by older adults and served to provide regular, safe social interaction prior to the pandemic period.

- **Services that made special efforts to outreach to older adults during the pandemic were used and welcomed by many older adults, even though the techniques for engagement were new**. Many organizations

quickly adapted to novel options to continue service under the conditions of the pandemic. For example, some senior food programs began to offer "grab & go" meals. Libraries, religious organizations, and senior centers began to offer or expand on-line services, such as exercise classes, religious services, book clubs, and telephone check-ins. These services were deeply appreciated and kept people in contact with these trusted entities. Several key informants reported that some older people who had not used in-person services began to use the on-line offerings during the pandemic period, thus connecting a new group of people to services.

- **Difficulty recruiting and retaining volunteers challenges many organizations who seek to outreach to older adults.** As noted earlier, many organizations rely on a backbone of volunteers to outreach to older adults, but recruitment is difficult. Most volunteers are themselves older adults, and many are aging into a period when continuation of services is difficult. In addition, focus groups noted that the pandemic has had a dampening effect on volunteerism as former volunteers adjusted to new activities and rhythms.

- **Developing services to reach those who live in very rural areas or who have special needs such as language, cognition, or vision and hearing is important, but challenging.** Older people in these categories are among the most isolated older adults, and services to support their needs requires specialization and intense human resources. Participants also noted that these individuals can be hard to identify because their limitations do not bring them to the attention of services.

- **Reopening services after the pandemic has been challenging.**
  Service providers noted that programs and attendance at their organizations had not returned to pre-pandemic levels of interest. In some cases, previous participants experienced a significant decline in health during the pandemic and are no longer able to participate in services. In other cases, people were not interested in resuming previous activities. Several focus group members observed it is as though some people "fell out of the habit of social engagement" and do not want to restart those connections.

- **Caregivers are an important and often forgotten group who themselves are at high risk for social isolation.** Those who provide unpaid caregiving services for family members are themselves socially isolated and are particularly challenged in seeking supportive services because they cannot

leave the person they care for. It was noted that special outreach and respite services are needed to preserve their health and well-being, but these options are rare, and this group does not always visible to those offering services in a community setting.

Older Adult Survey

Methodology: A voluntary and anonymous twelve-item survey was developed and distributed to a convenience sample of adults age 60 and older to assess the extent of social isolation among older adults in New Hampshire and to identify the types of social engagement activities responders currently use and would consider using in the future (see appendix C). The survey was available in English, Spanish, and French. Those who completed the survey were invited to enter into a raffle to receive one of five gift cards to a local grocery store. Surveys were available in both paper and electronic formats and were made available through senior centers, home visiting services, meals on wheels, and older adult advocacy networks during the spring of 2023. Eight hundred seventy-two people responded to the survey.

Who Completed the Survey: Of 872 people responding to the survey, 703 completed the survey themselves, and 106 completed the survey on behalf of someone else. Sixty-three people did not respond to the question about who completed the survey.

Demographic Characteristics of Survey Responders:

Gender Identification: Of the 806 people who completed the gender identity question, 467 or 58% identified as female; 330 (41%) identified as male; 9 (1%) identified as other, and one responder preferred not to respond to the question.

Age: Of the 801 people who responded to this question, 31.7% were between age 60-64; 20% were 65-69; 21.2% were 70-74; 12.4% were 75-79; 7.5% were 80-84; 4.6% were 85-90; and 1.2% were older than age 90. The chart below illustrates the age distribution of responders.

Age at Last Birthday
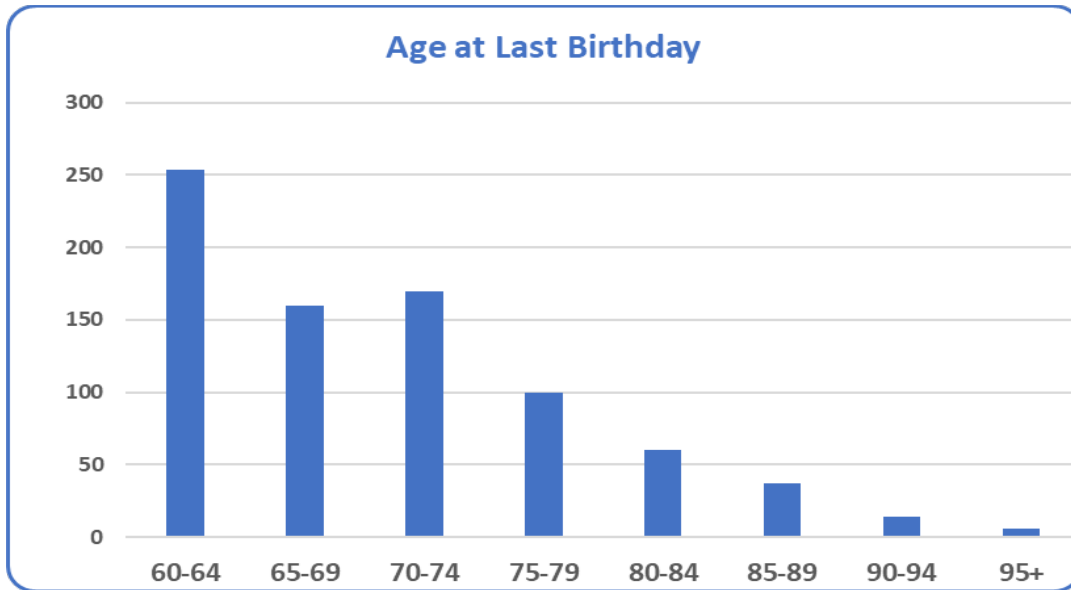
Graph 1: Age of Responders at Last Birthday

County of Residence: Of the total responders, 766 responded to this question, and responders represented all ten NH counties. The percent of responders from each county can be viewed in the following chart:

% of Survey Responders by County
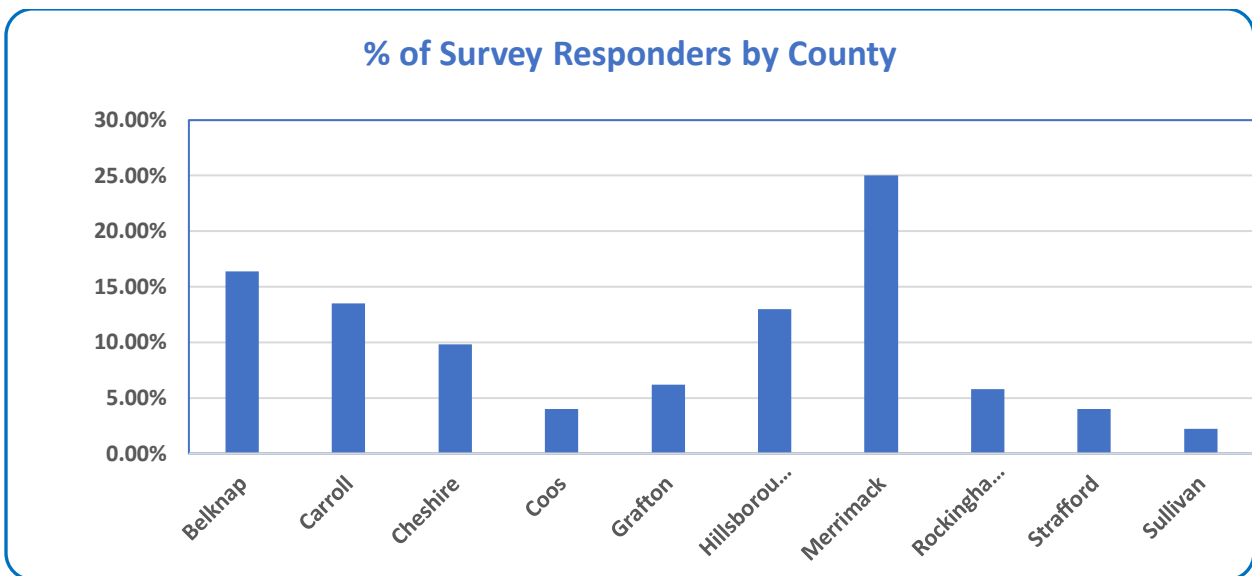
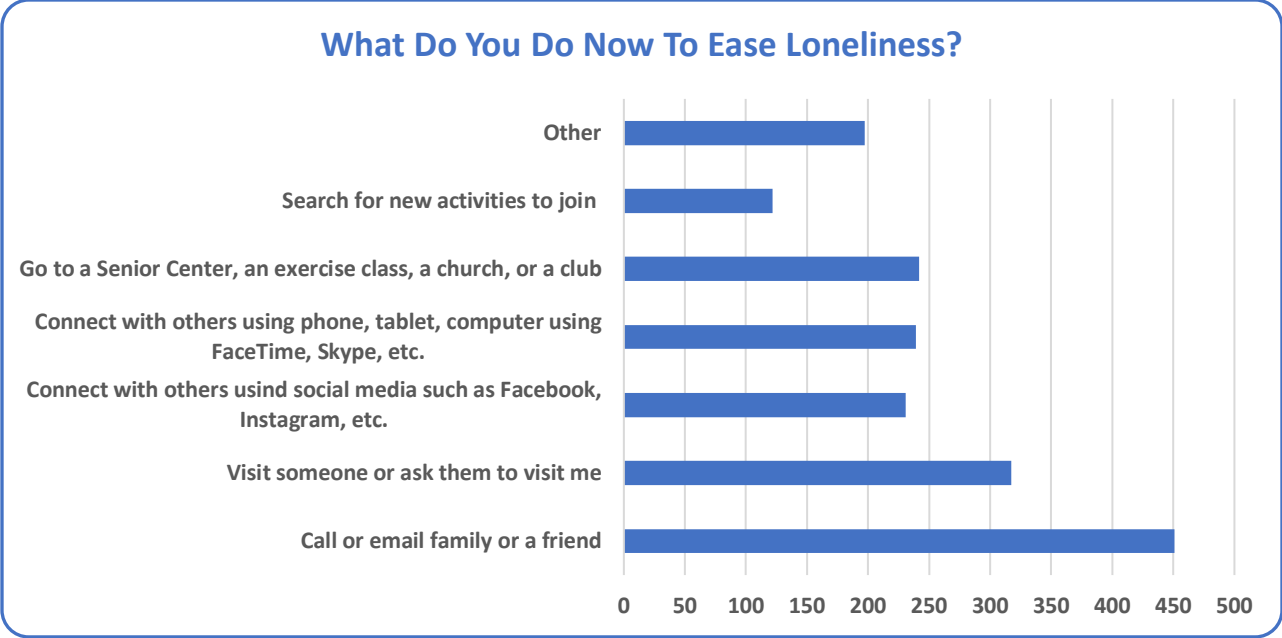*Graph 2: Percent of Survey Responders by County, New Hampshire*

Living circumstances: The survey asked responders if they lived alone all year, lived with others all year, or lived alone part of the year, and 807 people responded to this question. Of the responders, 47.5% lived alone all year; 44.4% live with others all year; and 7.6% live alone part of the year. Thus, over 55% live alone at least part of the year.

Experience of Loneliness: The survey asked how frequently responders felt lonely, and the possible responses were *often*, *sometimes*, *rarely*, or *never*. Of the 807 people responding to this question, 18% responded that they felt lonely often; 37.4% responded that they felt lonely sometimes; 32% felt lonely rarely, and 14.4% responded that they never felt lonely. Ultimately, over 55% of responders admitted to feeling lonely often or sometimes.

Analysis of the Experience of Loneliness: In this survey, loneliness was associated with gender identity, living alone, and – to some extent - age. Those identifying as men were almost twice as likely as those identifying as women to respond that they were lonely *often* (25% compared to 13.4%). Those who lived alone all or part of the year were more likely to indicate that they felt lonely *often* compared to those who live with others all year. In this survey, those aged 60-64 were more likely than any other age group to indicate that they feel lonely often and the least likely to indicate that they never felt lonely. Nonetheless, the results indicate that the experience of loneliness is common across all age groups, with 33% - 50% of responders in *each age group* admitting to being lonely *sometimes*.

What do people do now when they feel lonely? The survey asked responders how they currently manage loneliness, offered a list of seven activity types, and asked responders to check all the options they currently use. They were also invited to write in options that were not listed. The responses are noted in the graph below with the number of responders selecting that option. The majority of responders noted that they reached out via email or telephone to contact a family member or a friend.

What Do You Do Now To Ease Loneliness?

Category	Value
Other	~195
Search for new activities to join	~120
Go to a Senior Center, an exercise class, a church, or a club	~240
Connect with others using phone, tablet, computer using FaceTime, Skype, etc.	~240
Connect with others usind social media such as Facebook, Instagram, etc.	~230
Visit someone or ask them to visit me	~315
Call or email family or a friend	~450

Graph 3: What do Responders do Now to Ease Loneliness?

A total of 197 responders selected the category "other" and were asked to write in activities that they use that are not listed above. The most common responses included the following:

- Engage in crafts and hobbies such as sewing, knitting, cooking, and woodworking
- Watch television
- Read
- Explore the internet
- Go for a walk
- Paint or other artistic activity
- Listen to or play music
- Engage with a pet
- Engage in games such as puzzles, on-line games, etc.
- Engage in nature-oriented activities: bird watching, fishing, gardening
- Go to a park, gym, or other place for exercise
- Travel
- Volunteer

What activities and services *might* people participate in if the service was available? The survey presented 10 options of services and activities and asked responders to check all the activities they might be interested in using if these activities were available to them. The survey also invited people to write in activities that were not included. The responses are noted below in order of the number of people selecting them:
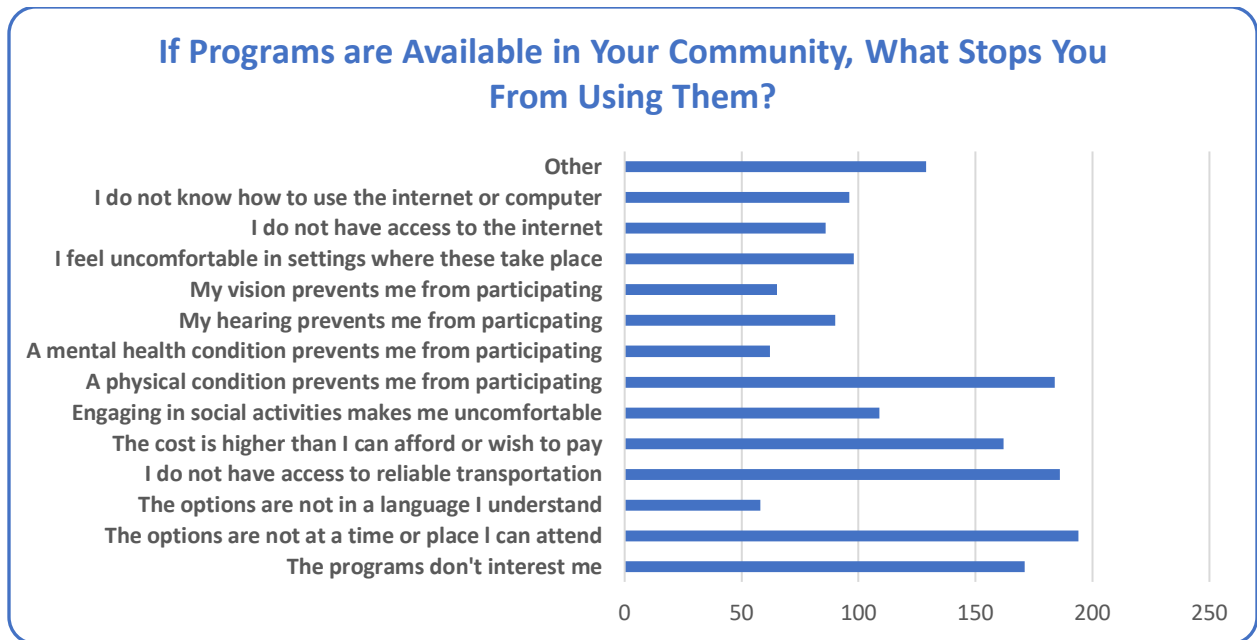

What Kinds of Programs or Activities Might You Participate in *if* They Were Available to You?
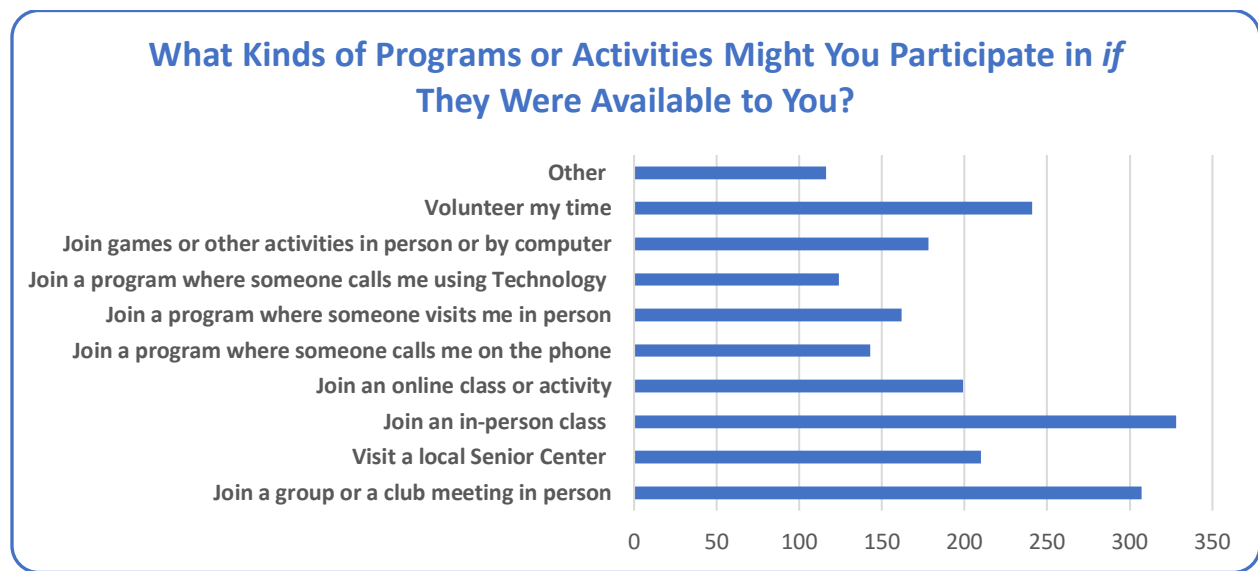
Graph 4: What Programs and Activities Might Responders Participate In if They Were Available?

Other Program Type: In this field, responders were invited to write in the kinds of activities they would participate in that were not listed, and 116 responders added their ideas. The following categories summarize the most frequent responses:

- Engage in church/faith activities/prayer group/Bible study
- Write letters to others
- Garden, plan a garden
- Play cards and other games with others of *any* age
- Golf
- Engage in a bereavement group
- Attend library-sponsored programs such as lectures, book clubs, exhibits, etc.
- Join ski groups, hiking groups, nature walk groups, etc.

- Join dance classes, yoga classes, physical activity classes tailored to older adults
- Engage in volunteer activities
- Share pot luck meals at a gathering

If there are programs offered in your community to help you engage in social activities, what stops you from using them? The survey invited responders to list all the reasons they do not engage in available activities in their communities. They were also invited to write in a response if the list did not contain one of the reasons they do not participate. Over 125 responders listed additional reasons. The following list summarizes the responses to the question, and the additional reasons are summarized below.

If Programs are Available in Your Community, What Stops You From Using Them?

Category	Value
Other	~130
I do not know how to use the internet or computer	~95
I do not have access to the internet	~85
I feel uncomfortable in settings where these take place	~97
My vision prevents me from participating	~63
My hearing prevents me from particpating	~88
A mental health condition prevents me from participating	~60
A physical condition prevents me from participating	~185
Engaging in social activities makes me uncomfortable	~107
The cost is higher than I can afford or wish to pay	~162
I do not have access to reliable transportation	~188
The options are not in a language I understand	~58
The options are not at a time or place I can attend	~195
The programs don't interest me	~170

Graph 5: What Stops Responders from Using Programs Available in Their Communities?

Other Reasons: Responders added 129 additional comments about why they do not participate, and many of those added detail to a reason that appeared on the checklist. For example, several people added that they experience anxiety when they are in unfamiliar settings with people they do not know. Many added information about their physical limitations such as the use of a wheelchair or

chronic pain. Others added specific information about the timing of programs that does not align with their needs. Other reasons listed included the following:

- I do not know what is available in my community/Unsure what exists in my community*
- I am a caregiver, and I cannot be away for long periods*
- I do not want to be labeled as a "senior"
- I do not want to be only with older people.
- I am afraid to contract COVID-19
- I am still working and do not have the time to devote to these activities
- I do not trust the internet/I have concerns about privacy
- I have too many doctor appointments to commit to an activity
- I am already busy with personal activities
- I do not drive after dark
- Procrastination and indecision

Conclusions

Information obtained through the key informant interviews, focus groups, and surveys responses affirmed that social isolation is a serious concern, and loneliness is common experience among community dwelling older adults in New Hampshire, particularly among men and those who spend all or part of the year living alone. The social distancing imposed by the COVID-19 pandemic intensified the magnitude of the problem, and the relaxation of social restrictions has not yet ushered in a return to pre-pandemic levels of activity. Findings of the study illustrate that some valuable services designed to mitigate loneliness, such as the community nursing program of the Upper Valley and the Friends Program of the Capitol region, are not available throughout the state, and many available services such as recreation programs are most accessible by those who do not have functional disabilities.

Surprisingly, in this survey, those in the youngest age group (60-64) were more likely to feel lonely than those in older age groups, particularly those age 85 and older. More research is needed to identify if this finding would be sustained in a follow up study or if it is related to the imposed isolation created during the pandemic period. Those in the 60-64 age cohort are just entering the older adult stage of life and may be less accustomed to the quieter and more solitary lives of

those who are have spent decades in this life stage. In this non-random sample survey, men were almost twice as likely to experience loneliness than women.

This study illustrated that some of the characteristics that make New Hampshire a beautiful and desirable place to live also appear to increase the risk for social isolation. The state's northern location, small towns, and snowy winters mean that many residents live in sparsely populated areas where there are no sidewalks or public transportation, and few or no services are accessible without an automobile. Severe winter weather and short spans of daylight during the winter months tend to keep people inside, particularly if they have functional disabilities that increase health risks. These factors reduce an older person's ability to connect with communities and friends and may result in social isolation and loneliness.

Living Alone: Over one-quarter of US adults age 60 and older live alone, and 46% share a home with only a spouse or a partner (Pew, 2019). In this study, 55.1% of those who responded reported living alone all or part of the year, exceeding the national average. For many older adults, living alone is the consequence of adult children moving away, separation and divorce, or loss a life partner through death, while others have never partnered and reach advanced age without a life companion. As our social norms shift and fewer people marry, partner, or have children, the number of people reaching older age while living alone is likely to increase. In this study, those who lived alone all or part of the year were more likely to experience loneliness than those who lived with others.

Lack of Transportation Options: Many older adults have developed physical conditions that limit vision, hearing, and mobility, and they are no longer able to drive. Because of these conditions, many require supportive assistance and/or door-to-door transportation options. Access to reliable and affordable transportation is a challenge that holds many New Hampshire residents back from in-person engagement. Existing transportation services designed for older adults are typically restricted to grocery shopping and medical appointments and are not extended to support engagement in social activities.

Many Older People Would Consider Services and Programs if They Knew About Them, but Information is Not Easy to Find: Many responders commented that they do not know what services exist in their own communities, and there is no comprehensive place to identify available services. In some cases, older adults shared that they do not have computers or do not know where or how to access information on-line.

Where You Live Matters: While there are many active services to support social engagement among community dwelling older adults in New Hampshire, the services are variable across the state, and access to services is highly dependent upon where people live. Those who live in one community may find robust resources, while those living in a community 40 miles away may find very little. In particular, rural areas have vast distances between service locations and often lack the resources to reach out to those in more remote areas.

Use of Technology: In this survey, many older adults reported being open to and familiar with the use of electronic tools, and regularly use them to interact with others and provide entertainment. Nearly 24% noted they would consider the use of technology to participate in games or activities with others. Some survey responders noted that they lack familiarity with technology tools, and some do not own them or have reliable and fast internet connections, and some expressed reservations about the privacy risk inherent in using technology. Nevertheless, technology may present an opportunity for connecting with some older adults in rural areas, those who have physical limitations, and those who are interested in exploring technology methods for social engagement.

Creating New Relationships is Challenging: Many responders commented that they are introverts and find it stressful to meet new people and make new relationships. Research demonstrates that it is harder in general to make new friends in older adulthood, and this factor predisposes people to social isolation as family and friends move away or die. During the key informant interviews and focus groups, a number of people observed that those who relocate to New Hampshire to retire leave behind long time social connections and often find it challenging to craft new ones, leaving them particularly vulnerable to social isolation.

Existing Services are Largely Configured to Assist Those Who Do Not Live with a Disability or are Involved in Caregiving: The current system of on-site social programs and services for older adults, including Senior Centers, favors those who have good vision, hearing, mobility, cognition, reliable transportation, have mastered English, and are not involved in caregiving activities. Those who lack those abilities have a much harder time accessing and participating in services and activities. When asked about what holds people back from participating in existing services, the most frequently selected reasons included physical disability and lack of transportation, and many people added that caregiving responsibilities prevented them from leaving their homes and engaging in outside activities.

There are Organizations That Older Adults Inherently Trust: As survey responders added their additional thoughts about future services, they frequently mentioned foundational organizations in their communities as places where they would go for programs. These organizations include libraries, churches, community nursing organizations, and town service centers that represent common locations for New Hampshire residents to visit and feel at ease. New services may benefit by organization or affiliation with these current settings.

Interest in Intergenerational Program Options: A number of survey respondents commented that they did not want to participate in programs that are exclusively designed for older adults. Instead, they prefer programs that integrate people of all ages.

Where to From Here?

Older adults are a heterogeneous population, and their needs and preferences related to social engagement are widely varied. Many are fully capable of crafting their own relationships and maintaining social connections well into advanced age. However, as many people advance in age, the impact of disease and the existence of structural barriers begins to affect their mobility, cognition, and function and can create circumstances that serve to isolate them from others. The solutions New Hampshire designs or expands to engage older adults in social connections must be as diverse as the needs, interests, and abilities of its residents now and into the future. Below are recommendations drawn from the results of this research:

1) Educate the public about the importance of social engagement in maintaining overall health and wellbeing and encourage simple acts of social engagement that can build trust within a community, such as friendly visitor check ins and watching out for a neighbor.
2) Expand existing door-to-door transportation options to enable services to transport people for the purpose of social engagement.
3) Explore and pilot test small group social activities (card games, board games, craft groups, etc.) that engage a few people with a supportive facilitator.
4) Engage older people by offering tailored group physical activity options such as nature walks, hiking, skiing, and other physical activities.

5) Explore and create electronic engagement options that can reach those with physical disabilities or those who cannot access transportation.
   a. Organize small or moderate size gatherings where people are invited and given an opportunity to talk and share.
   b. Establish an IT education and support function to assist novice users to connect and engage.
   c. Offer a variety of projects and programs that might appeal to those with varying interests.
6) Intentionally outreach to people to join a group or activity. Recognize that it can be difficult for someone to meet new people, so place-based programs targeting older adults should make special efforts to outreach to new and returning participants on a personal level, introduce them to others, and engage them in conversation and activities when they join groups.
7) Work with faith-based groups, libraries, veterans' organizations and other trusted community organizations to offer and open programs that appeal to various older adult interests. In particular, such organizations could offer volunteer work groups, craft groups, cooking classes, book discussion groups, historical lectures and discussions, etc., that convene people around an idea and encourage them to engage with one another.
8) Expand respite services and offer technology-supported virtual engagement for those who are caregivers to support them and allow them time to address their own social engagement needs. This could be in the form of caregiver support groups (online or in person) supported by a skilled facilitator.
9) Expand models such as the community nursing programs in the Upper Valley and Tamworth as a method of effective outreach and engagement to homebound older adults.
10) Develop a mechanism of sharing opportunities for social engagement in communities that includes but is not limited to on-line listings. Until digital skills are universal and high-speed internet is available and affordable across the state, it is important to continue some level of print, radio and television calendars that inform people of what is available.
11) Explore special programs for specific groups of people such as older men (USMenssheds.org), non-English-speaking groups, those with visual impairments, and others to gather people with similar backgrounds and shared experience in groups. Such programs might be organized by trusted community groups including immigrant coalitions, libraries, churches, etc.

12) Expand and create friendly visitor programs (such as the Friends program of the Capitol region) that pair volunteers with older adults to make personal visits, telephone people on a regular basis, support social engagement, and assist with small tasks.

Summary

This study validated that social isolation is a concern among older adults living in community settings in New Hampshire, and the experience of loneliness is more common among some groups than others. While services to prevent and mitigate social isolation are offered throughout the state, the design and availability of services is not uniform, and some older adults experience significant difficulty accessing services for reasons related to structural limitations and personal circumstances common to an aging population. As the state, communities, and community-based organizations seek solutions to prevent and address social isolation, they will need to consider the diverse conditions and needs of older adults and design and test multiple strategies to address the existing gaps in services.

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Key Informant Questionnaire

Social Isolation Among Older Adults Study Key Informant Interview Guide

Person, Title and Date

1. Please provide your name, the name of your organization, and your role within the organization. What is the location of the organization?
2. What geographic territory does your organization cover as it relates to older adults?
3. How long have you been in this role?
4. When you think about older adults (age 60 and older) within your organization's geography and within the past 2 years, how serious would you say the problem of social isolation is: *Severe, Moderate, Mild, Not a Problem*.
5. If you believe the problem is moderate to severe, what types of older adults or populations do you believe are the most affected?
6. Have you seen evidence of the impact of social isolation within the work that you do? Please provide details/stories. In your opinion, what are the personal and community consequences of social isolation?
7. What assets and/or programs does your community or your organization have to address social isolation among older adults?
8. What more do you believe is needed to address social isolation among older adults in the region your organization serves?
9. What stands in the way of developing and delivering better programs?
10. What else would you like to share with me about this issue in your community?
11. Who else do you think we should talk to about social isolation among older adults?
12. We plan to convene a number of focus groups, asking groups of people about their thoughts and experiences with social isolation. Do you have a group you might suggest for us?

Thank you for your willingness to speak with me/us today. If something else occurs to you that you would like to share, please feel free to contact me at _____@jsi.com

Focus Group Guide

Focus Group Guide – Social Isolation Among Older Adults in New Hampshire/2023

Hello, my name is_____, and I am a consultant from JSI/CHI, a public health research and training organization based in Boston with an office in Bow, New Hampshire. I am conducting this session today and am joined by my colleague _____.

Thank you for your willingness to speak to me/us about the topic of social isolation among older adults. This focus group is one of the ways we are learning about the issue in New Hampshire. The information we gather will assist us in identifying the extent of the need, identify programs available to relieve social isolation, and create programs that will serve those who continue to have a need. For the purposes of this project, older adults are identified as those at or above age 60.

Please know that, in our summary of discussions, we will never tie anything you say directly back to you. All the reflections and thoughts shared during our interviews will be reported as a group. The information you share will be used in shedding light on the matter in your region and across the state. Please respect the privacy of all who are sharing their thoughts by keeping the personal information you hear private.

With your permission, we will audio record this interview so that we can be sure we capture the important elements you share with us. We will not share this recording publicly, and we will delete the recording once the project has concluded. Is there anyone who prefers that we not audio-record this interview. (Interviewers: respect privacy if there is someone who prefers not to be recorded.)

In this group, we will pose a series of questions and invite you to share your thoughts and opinions. We expect that the discussion will take 50 minutes to an hour.

Questions:

1. When you think about older adults (age 60 and older) within your area and within the past 2 years, how serious would you say the problem of

social isolation is: *Severe, Moderate, Mild, Not a Problem*. (For interviewers: gather the range of impressions.)

2. If you believe the problem is moderate to severe, what types of older adults or populations do you believe are the most affected and why?

3. Have you seen evidence of the impact of social isolation within the community where you live or work? Please provide details/stories. In your opinion, what are the personal and community consequences of social isolation?

4. What assets and/or programs does your community or your organization have to address social isolation among older adults? (Prompt: Please name organizations, services, and programs you know of that address social isolation)

5. What more do you believe is needed to address social isolation among older adults in the region your organization serves? (Prompt: Please be as specific as possible...for example, eligibility criteria/transportation/cost/hours of operation, etc.)

6. If you offer programs, what has been the most effective way to encourage people to participate? /If you are an older adult, what gets you to attend social programs offered in your community; what got you involved?

7. Why do you think some older people do not participate in social programs?

8. What is needed to get a greater number of older people to participate in social programs?

9. What stands in the way of your organization or your community developing and delivering better or more accessible/ more popular programs? (Alternate language: why aren't more programs available?)

10. If programs were offered using electronic tools such as computers, cell phones, or other devices, would you or others use them? Why or why not?

11. Who are the trusted people or organizations in your community who might offer programs that are acceptable to older adults?

12. Do you have any more thoughts or advice to offer us as we consider this issue in New Hampshire? (Alternate question form: what else should we keep in mind as we consider creating more programs in NH communities?)

Thank you for your willingness to speak with me/us today. If something else occurs to you that you would like to share, please feel free to contact me at _____@jsi.com

Older Adult Survey
Social Isolation/Loneliness

Introduction to the Survey:

This survey is being conducted by the Partnership for Public Health, a New Hampshire public health organization that works to create safer and healthier communities. The organization is studying the need for services to help older adults socialize and stay engaged in their communities. This survey invites you to share your thoughts about the experience of loneliness among older people and the services you would consider using in order to ease loneliness.

Your participation in this survey is completely voluntary. If you decide to participate, you may skip any question that you do not wish to answer. All information you share will be kept confidential and will not be associated with you by name. Survey results will be kept in a secure location in the Partnership for Public Health offices and only the project team will have access to the responses. The information will be analyzed and reported in such a way that no individual person can be identified.

The survey will take about 5 to 10 minutes to complete. Following completion of the survey, you will be invited to enter a raffle to win one of five $100 gift cards. If using the electronic survey, follow the link at the end of the survey to participate in the raffle. If using the paper survey, you will be instructed to enter information on a separate sheet of paper to enter the survey.

If you have questions or concerns regarding your rights as a participant in this study, you may contact the JSI Institutional Review Board (IRB) at 617-385-3735 or email irb@jsi.com.

Would you like to complete the survey?

□ Yes, I consent to completing the survey (please respond to the questions on the next page)

□ No, I prefer not to complete the survey (If you select this response, stop here and do not respond to the questions on the following page.)

Thank you for your time. If you are completing the survey, please go to the next page. If you have questions about the survey, please direct them to:

_____

Gender Identity: ___Male ____Female ____Other

Age at last birthday: _____

County of Residence: _____

Do you live alone?

____ Yes, I live alone all year;

____ No, I live with others all year;

____ I live alone part of the year

How often do you feel lonely?

_____Often _____Sometimes _____ Rarely _____Never

On occasions when you do feel lonely, what kinds of activities do you currently do to help ease the loneliness? (Check all that apply)

□ Call or email family or a friend.

□ Visit someone or ask them to visit me

□ Connect with others using social media such as Facebook, Instagram, Others

□ Connect with others using a phone or tablet or computer using FaceTime, Skype, or other program.

□ Go to a Senior Center, an exercise class, a church, or a club I know

□ Search for new activities to join

□ Other (please describe): _____

Please go to the next page for additional questions.

What kinds of programs or activities *might* you participate in if they were available to you? (Check all that apply)

☐ Join a group or a club that meets in person

☐ Visit a local Senior Center to be with other people

☐ Join an in-person class with other people around my age (exercise, cooking, book club, etc.)

☐ Join an online class or activity with other people around my age

☐ Participate in a program where someone calls me on the phone on a regular basis

☐ Participate in a program where someone visits me in person on a regular basis

☐ Participate in a program where someone connects with me by computer or cell phone on a regular basis

☐ Participate in games or other activities with others in person or by computer.

If there are programs offered in your community to help you engage in social activities, what stops you from using them? (Check all that apply)

☐ The available programs do not interest me

☐ The programs are not available at a time or place I can attend

☐ The programs are not available in a language I understand well

☐ I do not have access to reliable transportation

☐ The cost is higher than I can afford or wish to pay

☐ My physical health prevents me from participating

☐ My hearing or vision prevents me from participating

☐ I don't have access to the internet

☐ I don't know how to use the internet or other computer tools

☐ Other reason: please share the reason.